

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM

Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Paul Drouillard

Date of Service:

May 22, 2009

Method of Service

____ Personally served at this address:

____ Left copies at defendant's usual place of abode with (name of person):

X Other (specify):

Mailed by certified return receipt to Attn: Paul Drouillard, D.O., 35360 Nankin Blvd, Ste 502, Westland, MI 48185. Attached Amended Complaint, Amended Case Statement and Order Requiring Filing of Case Statement

____ Returned unexecuted (reason):

Service Fees: Travel \$____ Service \$____ Total \$____

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

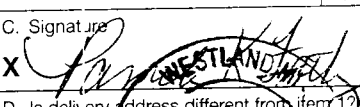
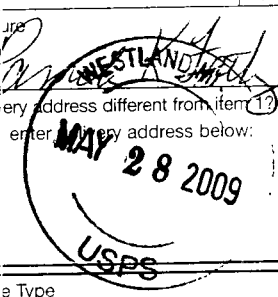
Name of Server:

Signature of Server:

Date: June 3, 2009

Server's Address:

Delilah D. Tylon
Delilah D. Tylon
Marshall Lasser, P.C.
P.O. Box 2579
Southfield, MI 48037

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>5-28</u>	
1. Article Addressed to: Paul Drouillard, D.O. 35360 Nankin Blvd., Ste. 802 Westland, MI 48185 COCA COLA		C. Signature <u>X</u>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
			
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		<u>7003 2260 0005 6262 9862</u>	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM

Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Segwick Claims Management Services, Inc.

Date of Service: May 22, 2009

Method of Service

____ Personally served at this address:

____ Left copies at defendant's usual place of abode with (name of person):

☒

Other (specify):

Mailed by Certified return receipt to Legal Department
at P.O. Box 14446, Lexington, KY 40512. Attachments: Amended
Complaint and Amended Case Statement and Order
Requiring Filing of Case Statement

____ Returned unexecuted (reason):

Service Fees: Travel \$ _____ Service \$ _____ Total \$ _____

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Delilah D. Talan
Delilah D. Talan

Signature of Server:

Date:

June 3, 2009

Server's Address:

Marshall Lasser, P.C.
P.O. Box 2879
Southfield, MI 48037

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mail piece, or on the front if space permits. 		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressee to: Sedgwick CMS Attn: Legal Department P.O. Box 14446 Lexington, KY 40512 Cln#: 20070935498-0001		C. Signature <i>Chris [illegible]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Coca-Cola		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		7003 2260 0005 6262 9855	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

AO 440 (Rev. 02-09) Summons in a Civil Action

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM

Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Coca Cola Enterprises, Inc.

Date of Service:

May 22, 2009**Method of Service**☐ Personally served at this address:

☐ Left copies at defendant's usual place of abode with (name of person):

☒ Other (specify):
Mailed certified return receipt to: Coca-Cola Enterprises Inc,
RA CSC - Lawyers Incorporating Service Co, 601 Abbott Rd,
East Lansing, MI 48823 Attached: Amended Complaint and
Amended Case Statement and Order Requiring Filing of Case Statement

☐ Returned unexecuted (reason):

Service Fees: Travel \$_____ Service \$_____ Total \$_____

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Delilah D. Talon
Delilah D. Talon

Signature of Server:

Date:

June 3, 2009

Server's Address:

Marshall Lasser, P.C.
P.O. Box 2579
Southfield, MI 48033

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to: Coca-Cola Enterprises Inc. R/A: CSC-Lawyers Incorporating Service Co 601 Abbott Rd. East Lansing, MI 48823		C. Signature <i>Michael Harris</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number 7003 2260 0005 6262 9379			

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952